

ANNFIELD PLAIN
URBAN DISTRICT COUNCIL.

ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH,
FOR THE YEAR 1913.

DIPTON :
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1914.

TO THE CHAIRMAN AND MEMBERS OF THE ANNFIELD PLAIN URBAN
DISTRICT COUNCIL.

Annfield Plain,
February, 1914.

GENTLEMEN,—

I have the honour to submit to you for your information and consideration my Second Annual Report upon the Health and Sanitary State of the District for the year ending 31st December last.

Although the Health Statistics are not quite so satisfactory as in the previous year—a year which was exceptional in respect to the satisfactory incidence of disease all over the country, our own District not excepted—still we have no reason to consider the health of the District unduly unsatisfactory, as we are within whispering distance of the averages for the County.

Annfield Plain was constituted an Urban District Council in 1896 having been previously administered by the Lanchester Rural District Council.

The District comprises an area of high ground and forms part of the water-shed between the rivers Derwent and Wear.

The Parishes of Collierley, Greencroft Within and Kyo are within its boundaries, and it contains 3,489 acres with a rateable value of £56,241.

The Urban District consists of a collection of mining villages, somewhat widely scattered, forming roughly a ring round Annfield Plain proper, the business centre which gives its name to the administrative area.

The names of these various units are viz. :—Greencroft Within, East Castle, Dipton, Hill Top, Flint Hill, White-le-Head, Bradley and Hare Law, Catchgate, West Kyo, New Kyo and Annfield Plain.

There are six colliery companies actively at work within the Urban area, and many workmen reside therein who are employed in the adjoining localities.

The gradual improvement of the District since it obtained Urban powers, with respect to housing conditions, streets, sewerage system, scavenging, and the slow but steady, whenever possible, substitution of the water carriage system for the conservancy method, to which may be added the quick despatch of notifiable infectious diseases to hospital, and the organised effort under the provisions of the Insurance Act, to mitigate, or if possible, extirpate Tuberculosis from our midst must eventually alter in a satisfactory manner, the incidence of disease in your District.

The chief industry of the District, namely, coal-mining, not only maintained, but if anything improved upon the prosperity of the previous year, and unemployment was practically unknown, consequently Poor Relief decreased. The National Health Insurance Act with its inestimable benefits, will, it is expected, materially assist in reducing pauperism and gratuitous medical relief in the future.

Summary of, and remarks on Work done in the Inspector of Nuisances' Department during the year 1913.

I. PUBLIC HEALTH ACTS.		Number of Informal written Notices by Inspector.	Number of Formal Notices by Order of Authority.	Number of Nuisances abated after Notice.	GENERAL REMARKS.
Dwelling-houses	(Foul conditions	10	none	10	Houses in a dirty condition.
and	Structural defects	9	"	9	
Schools.	(Overcrowding	10	"	10	Mainly two families in one house.
Lodging-houses	... ..	1	"	1	
Dairies and Milkshops	... ..	none	"	none	
Cowsheds	... ..	"	"	"
Bakehouses	... ..	"	"	"
Slaughter-houses	... ..	"	"	"
Ashpits and Privies	... ..	20	"	20	Applies to Scavenging. Privies required cleansing by contractor.
Deposits of Refuse and Manure	... ..	38	"	38	
Water-closets	... ..	16	"	16	
Defective Yard Paving	... ..	104	"	104	
House	{ Defective Traps	5	"	5	
Drainage	{ No Disconnection				
	from Sewers	none	"	none	
	{ Other Faults	42	"	42	These apply to choked drains.
Water Supply	... ..	none	"	none	Ample and wholesome
Pigsties	... ..	"	"	"
Animals Improperly Kept	... ..	"	"	"
Offensive Trades	... ..	"	"	"
Smoke Nuisances	... ..	"	"	"
Other Nuisances	... ..	"	"	"
Quarry Fencing	... ..	1	"	1	
Totals ..		256	—	256	

	NUMBER.	REMARKS
II. WATER, FOOD AND DRUGS. Samples of Water taken for Analysis NONE " " condemned as unfit for use NONE Seizures of Unwholesome Food 9 Convictions for exposing or selling Unwholesome Food NONE Samples of Food and Drugs taken for Analysis NONE " " found Adulterated NONE		Water satisfactory Organs of cattle and sheep affected with parasitic diseases, and 29 stones of chilled meat which showed signs of decomposition.
III. PRECAUTIONS AGAINST INFECTIOUS DISEASE. Lots of Infectious Bedding stoved or destroyed 2 Houses disinfected after Infectious Disease 71 Schools do. do. do. 1 Prosecutions for exposure of infected persons or things NONE Convictions for do. do. do. do. NONE		Destroyed after Enteric Fever. Houses disinfected after Infectious diseases
IV. GENERAL. Number of New Houses erected during the year 35 Number of such Houses occupied during the year 35 Ashpit-privies converted into Ashclosets 12 do. do. Waterclosets 40 Ashclosets do. do. NONE Total number of Waterclosets in District 491 do. Ashclosets do. 1019 do. Ashpit-privies do. 1319		There are 34 of the houses self-contained and 1 tenement. All have proper water-closets, with one exception, this was a house in an isolated position. 8 houses have 5 rooms.

Cowsheds and Dairies.—There are 18 cowsheds that come under the regulations in force within the district. The majority of these are wooden erections to accommodate from 3 to 5 cows. They are kept in a fairly good condition.

Common Lodging Houses.—Frequent visits have been paid to the 3 common lodging houses. Considerable improvements have been made as regards the beds in 2 of the houses, the old double beds having been removed and good single beds supplied, with new bedding. The rooms are kept clean and in conformity with the bye-laws.

Wooden Houses.—The whole of the wooden houses at South Pontop Colliery are now closed and demolished. The wooden houses at Clark's Yard, Dipton, have been closed and demolished. There are now only 7 of the wooden houses, known as Lily Cottages, Dipton, in occupation, and these will be closed in May next in accordance with the agreement made with the owners.

New Houses.—The number of new houses occupied during the year is 35. There are 34 of these self contained, and 1 tenement house. All have proper water-closets with the exception of 1 house, which is in an isolated position; 8 of the houses have 5 rooms.

Slaughter Houses.—In the district there are 9 slaughter-houses; these are regularly visited when slaughtering is in process. The animals killed are all of good quality and the bye-laws are carefully carried out. There are six shops that deal in the dead-meat trade; these shops are visited regularly. There have been 9 seizures of meat unfit for food during the year.

Number of Animals slaughtered for food during 1913 :—

Beasts, 1,716	} Total, 6,604.
Sheep, 3,848	
Pigs, 1,040.	

Quantity of Chilled Beef and Mutton sold during 1913—Stones, 8,586.

Factories and Workshops.—There are 9 factories and 27 workshops within the district, 102 visits have been paid to these places during the past year, a few defects were found which have been remedied.

Water Supply. Within recent years, we have had no reason to complain of the scarcity or the quality of the water supplied by the Weardale and Consett Water Co. The water is of a quality excellent for domestic purposes, and the Company is always alive to maintaining its purity and its quantity. This year has been particularly dry, long intervals occurring without any rainfall. It would be a calamity to the District were a shortage of water to occur.

Waterclosets.

1912						1913
Total number of W.C's.—	417	...	...	...	...	491 + 74
do	Ashclosets—	1907	...	...	...	1019 — 12
do	Ashpit Privies—	1367	...	...	...	1319 — 48

The gradual conversion from the conservancy to the less objectionable water-carriage system must eventually have a salutary influence upon the health statistics of the District. The fact that it would diminish or curtail the too numerous places wherein the hitherto considered harmless fly found a convenient place to lay its eggs, hatch its young, and swarm into houses, pantries, &c., carrying on its wings and feet, and its stomach and intestines millions of virulent micro-organisms which produce all kinds of disease,—were it only to minimise, extirpate would be still more desirable, were it possible, this plague of potential disease carriers, it would be worth the extra cost which it might entail.

The conservancy system reminds us that, even in our advanced stage of civilization, we still cling to some of the more primitive customs and conventions of our forefathers, and when reason tells us that it would be to our advantage to discard these customs in the interest of our health, prejudice and often selfish interests prove the stronger of the two, and we go on in the footsteps of our fathers, until some severe epidemic of disease pulls us up to a sense of our duty to ourselves and our children.

It is not a remote or unfruitful idea to suggest that the conversion to the water-carriage system must have, sooner or later, if not an actual sanitary effect upon the incidence of those infective diseases attributed to fermentation, decomposition, and decaying organic matter generally, at any rate, it will have a refining influence upon the æsthetic susceptibilities of the people, and that itself would be a gain to the public health of the community.

The work of the Sanitary Inspector, for instance, may seem to some thoughtless people, uninspired and devoid of romance. In the ordinary acceptance of these ideas, it may be so, but to those who see visions and dream dreams of the future condition of the race, this humble official is to them the embodiment of the true missionary spirit, the pioneer in a holy crusade against all that opposes the gospel of air, light and water in abundance, the begetters of comfort, refinement and physical and moral health. He assists in laying, stably and securely, the foundations of the great Temple of Health which is to regenerate the future races of these islands.

ANNFIELD PLAIN URBAN DISTRICT.

Housing, Town Planning, &c. Act, 1909.

The number of dwelling-houses under Sec. 17 of the Act of 1909.	The number of dwelling-houses which, on inspection, were considered to be in a state so dangerous or injurious to health as to be unfit for human habitation.	The number of representations made to the Local Authority with a view to the making of closing orders.	The number of closing orders made.	The number of dwelling-houses, the defects in which were remedied without the making of closing orders.	The number of dwelling-houses which, after the making of closing orders, were put into a fit state for human habitation.	The general character of the defects found to exist.
119	NONE.	NONE.	NONE.	3	NONE.	Defective Floors, Spouting, Paving, Sanitary Conveniences, Drainage, Window Frames, &c.

There is still a large demand for houses in the district, and as soon as the 60 houses now being erected by the Council are occupied, it will relieve the situation to a considerable extent.

Census of England and Wales, 1911.

Tenements ... Civil Parishes: Collierley, Greencroft Within, and Kyo.

Total of Private Families ... 3,138. | Total Population ... 16,552 | Population in Private Families ... 16,400.

Number of Rooms.	PERSONS PER TENEMENT.															Total of Private Families	Total Population
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15 AND UPWARDS		
1	6	12	14	10	2	2	2									48	148
2	20	129	218	219	156	112	78	63	27	14	3	1	1			1041	4751
3	4	92	132	167	135	115	100	74	48	29	17	8	3	1	1	926	4982
4	1	56	73	98	93	92	78	59	53	28	20	10	5		1	667	3936
5	2	15	39	54	59	45	36	23	25	9	7	5	1	1		321	1845
6	1	4	13	13	12	9	4	5	5	2		1	1			70	372
7			4	2	5	3	2	6							1	23	140
8			4	8	1	1	2	1	1	1						19	97
9	1		2	3	2	2		1								11	49
10 and over			1	1	3	1	3		1	1		1				12	80
Total ..	35	308	500	575	468	382	305	232	160	83	48	26	11	2	3	3138	16400

The Table should be read as follows :—Of the 3,138 tenements enumerated, 48 were tenements of 1 room, 1,041 of 2 rooms, &c , and of the 1,041 tenements of 2 rooms, 20 were occupied by 1 person, 129 by 2 persons, &c.

The thick lines, thus _____ on the annexed Census Table indicate the point at which overcrowding begins, reckoning the not excessive number of two inmates to each room, in an ordinary sized workman's dwelling. It would seem, from the Table, that a considerable amount of overcrowding exists in your district. But this is more apparent than real. If we distribute the people equally among the dwellings we find that the average number of persons per house is not so very excessive when compared with the whole country, the number being 5.2. In particular instances, there are undoubtedly many cases of overcrowding, but this is a diminishing quantity, I am pleased to state, in your district, as compared with previous years. The number of persons per house at the 1901 Census was 5.5.

I have pleasure in stating that your Council is more alive now than ever to the evils of this overcrowding as evidenced by the steady and consistent support given to your officers in their attempts to deal with the housing problem generally in its many ramifications and in the oftentimes delicate and difficult questions which arise in the course of negotiations. A further evidence of your interest in finding a solution to the question of overcrowding is the fact that, in a very short time, your 60 new houses, erected under the Housing of the Working Classes Act, 1890, will be completed.

In addition to these houses now being built, 91 houses have been built by private enterprise, making on completion of the Council houses, 151 since the Census returns in 1911.

This shows, at anyrate, that an effort is made to keep up with the increase of the population. This year, however, shows a reduction in the number of houses built by private enterprise, as compared with the previous one, but this, we hope, may be a temporary abstention from building owing to, possibly, trade conditions; not to a reluctance on the part of people to buy or rent a better class of house. There is one phase of the housing question in your district which strikes an outsider when first coming in, and that is, the enormous rents demanded for a workman's dwelling. The rents are certainly high, as compared with some other districts, and this, in some measure accounts for the overcrowding in the two and three roomed houses. Were rents less excessive I am convinced that the overcrowding of the smaller houses would eventually solve itself by the gradual occupation of the larger ones, by those who now think the rents excessive.

Another phase to which I would like to draw your attention, of the overcrowding of houses in your district, and one which could be remedied or avoided, particularly by young people setting up house for the first time. I refer to the overcrowding of the house with useless and cumbersome furniture. So much of this exists in some houses, and particularly in houses which, from a sanitary point of view can less afford to curtail air space, that a quarter of the cubic air capacity of the room is occupied with unnecessary furniture. Were some of our miners' houses less packed with cumbersome furniture, the windows made to open easily and noiselessly, chimneys of bedrooms not closed over with paper, and last but not least, although I know this will be heterodoxy of the worst kind to some of the good wives in your district—less coals to consume per diem, and thus avoid the usually overheated condition of small rooms. Were these suggestions put into practice, I am quite convinced it would add considerably to the comfort in the first instance and the ultimate good to the health of the inmates, particularly to the health of children, who are too often air-starved because of the conditions stated.

During the year 517 births and 273 deaths were registered, the former giving a rate equivalent to 29·7, and the latter 15·4 per annum per 1000, estimating—as accurately as possible—the population at 17,400 to the end of June. The birth-rate is thus considerably less and the death-rate somewhat higher than for the previous year. The difference between the local and the county rate is insignificant, the county rate being slightly more favourable. The local rates for the previous year however were exceptional, in that the birth-rate was much higher and the death-rate considerably lower than the average for the county. Were the rate of the deaths actually occurring in the District taken, it would be under that of the county average, but deaths of persons occurring without the District, whose fixed or usual residence was in it, are known as “Transferable Deaths” and must be credited to the District of their previous residence. 26 persons, most of whom died in the Lanchester Workhouse or Sedgefield Asylum, died outside the District.

Infant mortality, as compared with the previous year, synchronises this year with the birth and death-rates in being less satisfactory, the figures being 150·8 as compared with 73·6 per 1000 births last year. 78 deaths occurred in infants under one year, the majority of these deaths being due to the conditions of life of the parents and resulting in Congenital Debility and Malformation of the children, including Premature Birth; also Pulmonary diseases and the various forms of Tuberculosis. 41 deaths occurred from Respiratory diseases. Violent deaths,—excluding Suicides of which there were two,—accounted for nine, Tuberculosis thirty-three, Zymotic diseases twenty-seven and Cancer ten.

The following Table gives the averages of births and deaths for the county in comparison with those of the District.

Registered number of Births and Deaths for each month in the year.

		Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Totals.	
BIRTHS.	M.	19	12	11	29	22	18	22	18	29	26	21	20	247	} 517
	F.	19	20	25	25	22	20	27	24	27	21	21	19	270	
DEATHS.	M.	14	12	8	9	10	11	7	9	7	3	7	9	106	} 247
	F.	12	11	7	15	11	13	14	7	15	6	16	14	141	

The above Table shows that the

- Female birth-rate is greater than the male birth-rate.
- Female death-rate " " " death-rate.
- Lowest birth-rate is in the month of February.
- Highest " " " " September.
- Lowest " " " 1st half of the year.
- Lowest death-rate is in the 2nd " " " "
- Lowest " " " " month of October.
- Highest " " " " " January.

						County	Annfield Plain
Birthrate ...	...	...	...	...	(per 1000 population)	30·6	29·7
Death-rate	...	...	...	...	"	15·1	15·4
Zymotic death-rate	...	...	...	...		1·85	2·6
Infantile Mortality-rate	...	...	...	...	(per 1000 births)	137	150·8
Small Pox...	...	...	...	...	(per 1000 population)	nil	nil
Scarlet Fever	...	...	...	...	"	0·15	0·11
Diphtheria and Membraneous Croup	...	...	...	...	"	0·19	0·46
“ Fever ” (Enteric and Continued)	...	...	...	...	"	0·06	0·06
Measles	...	...	...	...	"	0·41	0·57
Whooping Cough	...	...	...	...	"	0·18	0·34
Diarrhœa	...	...	...	...	"	0·85	1·03
Phthisis	...	...	...	...	"	0·89	0·80
Other Tubercular Diseases	...	...	...	...	"	0·53	1·09
Acute Respiratory Diseases	...	...	...	...	"	2·53	2·53

For detailed particulars, see Government Schedules attached.

Table I.

ANNFIELD PLAIN URBAN DISTRICT.

Vital Statistics of Whole District during 1913 and previous years.

YEAR.	Population estimated to Middle of each Year.	BIRTHS.			TOTAL DEATHS REGISTERED IN THE DISTRICT.		TRANSFERABLE DEATHS.		NETT DEATHS BELONGING TO THE DISTRICT.			
		Nett.			Number	Rate.	of Non- residents registered in the District.	of Res- idents not registered in the District.	Under 1 year of Age.		At all Ages.	
		Un- corrected Number	Number	Rate.					Number	Rate per 1,000 Nett Births.	Number	Rate.
1	2	3	4	5	6	7	8	9	10	11	12	13
1908	15,800	582		36.83	222	14.04		21	83	142.6	243	15.31
1909	16,200	584		36.05	200	12.34		18	66	113.01	218	13.46
1910	16,900	574		33.96	187	11.07		17	63	109.75	204	12.07
1911	16,800	542		32.5	282	16.78		27	102	188.2	309	18.2
1912	17,000	621		36.81	163	9.6	1	17	46	73.6	179	10.5
1913	17,400	517		29.7	247	14.2		26	78	150.87	273	15.69

Area of District in acres }
 (land and inland water). } 3,189

Total population at all ages 16,552
 Number of inhabited houses 3,157
 Average number of persons per house 5.2

} At Census
 of 1911.

Table III.

ANNFIELD PLAIN URBAN DISTRICT.

Causes of, and Ages at Death during the Year 1913.

CAUSES OF DEATH.	Net Deaths at the subjoined ages of 'Residents' whether occurring within or without the District.										Total whether of Residents in Institu- tions or Deaths in District.
	All ages.	Under 1 year.	1 and under 2	2 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and upwards.		
All Causes {Certified Un-certified	268 5	75 3	34 4	20 5	8 6	16 7	25 8	47 9	43 10	43 11	
1 Enteric Fever ...	1										
2 Small-pox ...	...	...	...	...	...	...	...	...	...	...
3 Measles ...	10	1	6	2	1						
4 Scarlet fever ...	2	2	3	1	1						
5 Whooping-cough ...	9	1	2	4	2						
6 Diphtheria and Croup ...	2				1			1			
7 Influenza ...	...	...	...	...	...	...	...	...	...	...
8 Erysipelas ...	...	...	...	...	...	...	...	...	...	...
9 Phthisis (Pulmonary Tuberculosis)	14				1	5	4	3	1		
10 Tuberculous Meningitis ...	6	3	1	2							
11 Other tubercular diseases ...	13	4	5	2		2	2	5	4		
12 Cancer, malignant disease ...	11						1	1			
13 Rheumatic Fever ...	2										
14 Meningitis ...	4	1	1	1		1	5	8	5		
15 Organic Heart disease ...	20					2	1	4	4		
16 Bronchitis ...	23	9	5			1	3	2			
17 Pneumonia (all forms) ...	7		1			1					
18 Other diseases of Respiratory organs ...	15	7	5	2		1	1	2	1		
19 Diarrhea and Enteritis ...	12	12	2								
20 Appendicitis and Typhlitis...	...	...	...	...	...	...	...	...	...	...
21 Cirrhosis of Liver ...	...	...	...	...	...	...	...	...	...	...
22 Alcoholicism ...	...	...	...	...	...	...	...	...	...	...
23 Nephritis and Bright's Disease	3						1	1	1		
24 Puerperal fever ...	...	...	...	...	...	...	...	...	...	...
25 Other accidents and diseases of Pregnancy and Parturition	...	...	...	...	...	...	...	...	...	...
26 Congenital Debility and Malformation, including Premature Birth...	33	33	1	2			2	2	3		
27 Violent Deaths, excluding Suicide	10					2					
28 Suicides ...	2	4	1	2	2	1	2	9	9		
29 Other Defined Diseases ...	30	1	1	1		1	2	10	16		
30 Diseases ill-defined or unknown ...	32	1									
Totals ...	273	78	34	20	8	16	25	48	44		

Notifiable Diseases

reported for each month of the year.

		Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.		Deaths
(a) Mean Temperature	...	46°	48°	49°	48°	55°	60°	61°	63°	60°	56°	52°	48°		
(b) Mean Range of Temperature		16°	22°	19°	16°	15°	15°	11°	13°	13°	17°	17°	14°		
(1) Diphtheria	...	3	3	3	3	1	1	3	1	2	1	6	4	31	9
(2) Enteric Fever	...					1				3	1	1	1	7	1
(3) Erysipelas	...	2		4	3	3		1	1	1			3	18	
(4) Scarletina	...	3	11	7		1	1	5	7	2	5	6	1	49	2
TOTALS	...	8	14	14	6	6	2	9	9	8	7	13	9	105	12

The above Table gives an accurate idea of the number and distribution of notifiable diseases except Tuberculosis, over the months of the year, and the deaths resulting therefrom.

The greatest number were reported in the months of November, February and March, and it may be observed that the mean range of temperature was greatest during these months, and that the temperature was below 52 degrees F. I should be interested to know if this is the experience of other observers with regard to the usual prevalence of notifiable diseases.

Diphtheria, this year, was much more prevalent, cases being reported for each month of the year 31 cases as compared with 18 in the previous year. The disease was of a very dangerous variety, 9 deaths, as will be noticed, occurring during the year. Twenty four were removed to the Isolation Hospital.

Enteric.—There was a slight decrease in the number of cases reported, as compared with the previous year, and only 1 death. Six were removed to the Isolation Hospital. These cases were of a sporadic character, no connection, so far as could be ascertained, existing between them, nothing could be discovered to indicate the source from which they originated.

Scarlatina.—This disease had a slight increase in the number of cases reported as compared with the previous year—49 this year against 42 for the previous one. Forty seven of these were removed to the Isolation Hospital and two deaths occurred.

Statement of Notifications under the Public Health (Tuberculosis) Regulations, 1912.

		AGES.									
		0—1	1—5	5—15	15—25	25—35	35—45	45—55	55—65	65 and upwards	
Phthisis (Pulmonary) ...	M.			8	4	4	3	1		20	} 45
	F.			10	10	4	1			25	
Meningitis (Tuberculous) ...	M.	3								3	} 3
	F.									.	
Other Tuberculous Diseases	M.		4	9	3		3		1	1	} 43
	F.	2	2	9	7		1	1		22	
Totals ...		5	6	36	24	8	8	2	1	1	91

The above Table gives the age distribution of Tuberculous disease in the district. The Pulmonary forms are, according to the Table, slightly more in evidence than the other varieties, and in females more so than in males.

It will also be noted that the ages most commonly affected with this fell disease lies between 5 and 45 years, extreme youth and age being more immune from attack.

In Table II it may be noticed that the Parish of Kyo was responsible for 48 notifications, Collierley for 24, and Greencroft (Within) for 19. This shows that, according to population, the disease is fairly equally distributed over the three parishes. The death-rate from Tuberculosis is 1.89 per annum per 1,000 of the population. This is somewhat above the average for the county.

(A). **Visits made on receipt of Primary Notifications.** All cases of Tuberculosis notified to me are reported weekly to the County Medical Officer of Health.

The C.M.O. notifies the local Lady Health Visitor, who was appointed by the C.C., and who, among other duties, is responsible for making a detailed report upon, not only the social and general health condition of the patient and the other inmates of the house, but the sanitary condition of the house and its surroundings.

A copy of these reports are sent to me, and any condition requiring attention under the department of the M.O. is forthwith attended to.

(B) **Subsequent Visits.** The Lady Health Visitor is expected to visit at stated intervals patients thus reported to her, unless removed to a Sanatorium.

(C) **Nature of any arrangements for the detection of unrecognised cases of Tuberculosis associated with notified cases of the disease:**—Up to the present no formal arrangements have been made for this purpose in our district. Under the new conditions brought about by the Sanatorium Benefit of the National Health Insurance Act and the compulsory notification of all forms of Tuberculosis, medical practitioners are now on the alert for all possible cases of the disease.

When once a case of Tuberculosis is discovered in a family, the other members are usually under the surveillance of the medical attendant for the first suspicious signs. The Lady Health Visitor also instructs the people, whose houses are visited by her, to report themselves to their medical attendant, or at the Dispensary, should any suspicious signs make their appearance.

(D) **Nature of arrangements made or proposed for utilizing the services of the Tuberculosis Officer or Nurses for the above purposes:**—The Tuberculosis Officers are always at the disposal, if required, of the local medical practitioners for consultative purposes only. The remainder of the question is answered under (c).

(E) **Measures of Cleansing and Disinfection.** When a patient dies from the disease or is removed to a Sanatorium the house is disinfected by the Inspector of Nuisances.

Vide paragraph on Disinfection.

Non-Notifiable Diseases.

Measles.—We have had outbreaks of this disease in more or less epidemic form during the year, and on one occasion the percentage of children attending the Annfield Plain Infant School was so reduced that it was considered advisable to close it from the 20th January to 7th February. Ten deaths were recorded as resulting from the disease. This, however, does not convey an adequate idea of the ravages of this fell disease among children, as many die, not from the initial attack, but from the distressing bronchial troubles that follow. Parents are still very remiss in the attention and care given to children suffering from this disease, notwithstanding the many warnings given by medical men respecting the dangerous complications which are always likely to supervene in the course of this illness.

Whooping Cough.—6 deaths occurred from this disease. Sporadic cases occurred in the district from time to time, but fortunately the disease did not assume epidemic proportions.

Diarrhœa and Epidemic Enteritis.—The higher death-rate from the above diseases was due to the fact that a much greater number of children were affected, as compared with the previous year—a year that was unprecedentedly immune from intestinal diseases—owing to the summer temperature being somewhat above the average. A temperate summer always means a lessened mortality from intestinal troubles in children.

Bacteriological Examinations.

The following table gives particulars of the specimens sent in by medical practitioners in the District for examination during the year, in accordance with the arrangements made between the C.C. and the Durham C. of Medicine.

	Number of Specimens Submitted.	RESULTS.		
		Positive.	Negative.	Inconclusive.
Diphtheria	0	0	0	0
Enteric Fever	0	0	0	0
Phthisis (sputum)	22	5	17	0
TOTALS	22	5	17	0

Bacteriological examination of blood, sputum and excretions of patients is of the greatest value in clearing up the diagnosis of doubtful cases of certain infectious diseases.

Disinfection.

Every house from which an infectious disease is notified is, on the death of the patient, removal to Hospital or convalescent from the disease, disinfected by spraying with a solution of Formalin, but as some doubt exists that after all the method is not satisfactory, that the micro-organisms or virus of the infective disease is not destroyed, particularly the bacillus of phthisis, I would respectfully suggest to the Council that some arrangement should be made with the Lanchester Joint Hospital Board whereby all bedding, clothes, curtains, &c., from infected houses should be disinfected at Tanfield Isolation Hospital by the high pressure steam method. A high pressure steam boiler and chamber is in use there, and as we know, steam, under pressure, penetrates into badly conducting articles, such as mattresses, pillows and clothing, far more quickly than dry heat and is the most satisfactory method of disinfection now in use.

I remain, Gentlemen,

Your obedient servant,

W. M. MORISON, D.P.H., Etc.,

MEDICAL OFFICER OF HEALTH.

FEBRUARY, 1914.

Table II. ANNFIELD PLAIN URBAN DISTRICT.

Cases of Infectious Disease notified during the year 1913.

NOTIFIABLE DISEASE.	NUMBER OF CASES NOTIFIED.							Total Cases notified in each Parish.			Total Cases removed to Hospital.	
	At Ages—Years.							Kyo.	Collierley.	Greencroft (within).		
	At all Ages.	Under 1	1 and under 5 years.	5 and under 15 years.	15 and under 25 years.	25 and under 45 years.	45 and under 65 years.					65 and upward.
Small-pox												
Cholera (C) Plague (P) ..	31		9	16	6			21	9	1	24	
Diphtheria (including Membranous Croup) ..	18							11	6	1		
Erysipelas	49		14	34	1	9	7	23	15	11	47	
Scarlet fever												
Typhus fever												
Enteric fever												
Relapsing fever (R)	7			1		6		3	4		6	
Continued fever (C)												
Puerperal fever												
Cerebro-spinal Mcningitis ..												
Poliomyelitis	47			19	14	11	3	28	12	6	10	
Pulmonary Tuberculosis ..	45	6	5	17	10	4	2	21	13	13	Sanatorium	
Other forms of Tuberculosis ..												
Totals	197	6	28	87	31	30	12	107	59	32		

Isolation Hospital at Tanfield }
 Sanatorium at Maiden Law } Lanchester Joint Hospital Board.

ANNFIELD PLAIN URBAN DISTRICT.

1.--Inspection of Factories, Workshops and Workplaces.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises. 1	Number of		
	Inspections. 2	Written Notices. 3	Prosecutions. 4
Factories (Including Factory Laundries)	25	NONE	NONE
Workshops (Including Workshop Laundries)	77	3	NONE
Workplaces	—	—	—
Total	102	3	NONE

2--Defects found in Factories, Workshops and Workplaces.

Particulars.	Number of Defects.			Number of Prosecutions
	Found.	Remedied.	Referred to H. M. Inspector.	
1	2	3	4	5
<i>Nuisances under the Public Health Acts :—</i>				
Want of Cleanliness	1	1	NONE	NONE
Want of Ventilation	—	—	—	—
Overcrowding	—	—	—	—
Want of Drainage of Floors	—	—	—	—
Other Nuisances	—	—	—	—
Sanitary Accommodation { insufficient unsuitable or defective not separate for sexes	—	—	—	—
	2	2	NONE	NONE
	1	1	—	—
Total	4	4	NONE	NONE

3.--HOME WORK.

NIL.

4.--Registered Workshops.

Workshops on the Register (s. 131) at the end of the year.										Number.
1										2
Tailoring	...	...	...	...	...	...	...	...	...	3
Millinery	...	...	...	...	...	...	...	...	...	2
Shoemaking	...	...	...	...	...	...	...	...	...	4
Blacksmiths	...	...	...	...	...	...	...	...	...	3
Joinery	...	...	...	...	...	...	...	...	...	7
Retail Bakehouses	...	...	...	...	...	...	...	...	...	7
Saddlery	...	...	...	...	...	...	...	...	...	2
Total number of Workshops on Register										28

5.--Other Matters.

CLASS.										NUMBER
(1)										(2)
Matters notified to H.M. Inspector of Factories :—										
Failure to affix Abstract of the Factory and Workshop Act (s 133 1901)										—
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Act, (s 5)										2
Other										2
Underground Bakehouses (s 101 1901):—										
Certificates granted during the year										—
In use at the end of the year										—

W. M. MORISON, D.P.H., Etc.,

February, 1914.

Medical Officer of Health.